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WE wish to state, for the information of a few of our subscribers, that we have to pay for the printing of THE CHIRONIAN and—though it may seem almost incredible—to do this takes money. Whether this is news or not, it is certainly true that a great many of the subscriptions to THE CHIRONIAN have been left unpaid, until the Business Manager finds himself severely crippled. We hope no one will do us the unkindness to imagine for a moment that this is written to fill up space or to break the weary monotony of idle time on our hands. We dislike to be compelled to refer to this matter again, but it is a dire necessity that more subscriptions should be paid and consequently we ask all who may have overlooked the fact of their delinquency—to please make it their first duty to see that their subscriptions are settled.

AT one time in the history of medicine the recognized and, we may say, only school,

had but two things to do—to advance or remain in a state of stasis; the only other alternative being next to impossible. Now, in our day, this school, which is no longer the only one, has progressed, and is still marching onward and upward in the science and art of medicine.

Of course we are all perfectly aware that "changes in disease," with the growth of population, etc., is entirely accountable for this advance.

At least we have been so told by members of "the only"—that was—and be it far from us to question the truth of such an assertion. These same liberal-minded allopaths are sure that the rise and spread of Homœopathy, although synchronous with the gradual enlightenment of the old school, is only a simple coincidence, and has nothing whatever to do with their decreased doses, their present mode of not cupping, blistering, using leeches, etc., as of yore.

Yet, notwithstanding the fact that we are told all of this, and that there cannot *possibly* be any fixed law in regard to the administration of drugs, we think it *rather* strange, to say the least, that so much homœopathic powder should be borrowed (?) to increase the efficacy of the allopathic gun.

It is said "None are so blind as those who won't see," and to this old adage there is more than a grain of truth.

One is amused, and yet made to feel sad, at the lack of consistency made manifest, in perusing a list of the most valuable of the old school remedies and in noting the discoveries of new and wonderful uses to which certain drugs can be put.

Of course this is the result of "Clinical experience," and as such is, from time to time, announced in old school journals.

Truly "clinical experiences," like charity, covereth a multitude of sins and therapeutical plagiarisms.

For instance,—one Christopher Columbus of medicine has lately made the startling discovery, and as such has announced it to the wondering multitude of allopathic physicians, "I know of nothing more remarkable in practical therapeutics than the rapid recovery of profound anemia under this drug (Ars), excepting ferrum in chlorosis, and its action seems to be specific." Another regular asserts that out of 105 cases of chorea treated exclusively with arsenic, there was only one that did not recover in a wonderfully short length of time—and small doses were used.

Other strange facts that have lately been made known to the medical world, through "clinical experience," are "habitual constipation of infants is met well with nux vom., while sulphur seems to do better if the stool is very dry."

And again, rhus tox has been found of value in incontinence of urine.

Another medical light of the allopathic school publishes the following: "It is well known that most of the agents which possess value as diuretics are so because they tone up the heart and exercise a tonic influence upon the general nervous system.

"Corn silk acts in that manner.

"It is a most valuable diuretic, soothing and unirritating. Like some other remedies upon which is based the law of 'similia,' in overdoses it produces, in healthy persons, the same symptoms which, in small doses, it cures."

Surely the light is breaking through the darkness—those that once were blind are now beginning to see; and all that is to be done to perfect the entire enlightenment of the allopathic school—is for them, by diligent and conscientious labor, to rediscover, by "clinical experience," that hundreds of drugs have the same curious action that is found in "corn silk."

GRADUATES of other colleges, medical and dental, who enter this institution with the idea that the absorption of one course of lectures, from the different chairs of medicine, is all that is required to graduate, sometimes find it politic and necessary to change their medical belief and adhere to the old school teachings.

Points on Pronunciation.

BY N. W. RAND, M.D., '78, MONSON, MASS.

Read before the Homœopathic Medical Society of Western Massachusetts, and published in *The New England Medical Gazette*, by vote of the Society.

I AM aware that my subject to-day is of only secondary importance; that it pertains to the preparatory rather than to the practical part of our professional work. It has been brought from books rather than bedsides, and savors more of dictionaries than of diseases. Yet I have no apology to offer for presenting it, for I believe that the physician should be faultless in his selection and use of words as well as remedies. I think you will sustain me in saying that there is no class of words so badly mutilated in pronunciation by people in general as are medical words; and there is no class of men so much to blame for this as are the doctors. How can it be otherwise? People very naturally and justly regard us as authority upon everything medical. They imitate our expressions; and if we prove to be blind leaders of the blind, how can they escape the ditch?

Some will urge that authorities so differ in this matter that we cannot follow them all, neither can we be really certain which is correct and which not. I know our authorities are sometimes at variance; but, dear doctors, let us not blame them for all our blunders until we make sure that they are at fault. We say, "alveō'-lar, areō'-la, eczē'-ma, cō'-nium, neuras-thēn'-ia, hyoscyā'-mus, origā'-num, emē'-sis, parē'-sis, al'-bumen, ab'-domen," etc., simply because we are accustomed to hear that pronunciation; but I can find no authority for such usage. I have known physicians to spend weeks upon the study of a remedy, and then, in a public report of their labors, mispronounce the name of the drug! How much better, after those days of patient toil, to have spent yet five minutes more in consulting a dictionary before committing their achievements to the public ear! I have known professors to stand before large classes of students, day after day, for

months together, and habitually mispronounce scores of medical terms. How foolish to mar so much real excellence with so needless a blemish! We all have dictionaries, but they are of no use unless we consult them. They force no instruction upon the careless; but to those who seek in them for knowledge they speak no uncertain voice.

The great majority of medical words are Latin, either pure or Latinized from some other language; hence, the Latin rules for pronunciation should be our chief guide. Unfortunately there are, as you know, no less than three distinct systems of Latin pronunciation which are recognized as authoritative,—the English, the Roman and the Continental. These all agree in their division of words into syllables, but they differ in the sounds of the letters. The English method gives them the ordinary English sounds. I need not repeat them. The Roman, we may say in general terms, gives to the vowels the following sounds:

a	like	a	in	father	—	äh.
e	"	e	"	prey	—	ä.
i	"	i	"	machine	—	ē.
o	"	o	"	old	—	ō.
u	"	u	"	rule	—	öö.

y, which is found only in Greek words, is sounded nearly like *i*,—*ē*. The diphthong *ae* is like the English *ay* (I); *au* like *ow* in *how*; *oe* like *oi* in *coin*. The consonant *c* is always sounded like *k*; *g* retains everywhere its hard sound as in *go*; *j* is like *y* in *yet*, and *v* like *w* in *we*. The Continental method is a cross between the other two. It recognizes the Roman pronunciation of the vowels and the English pronunciation of the consonants.

In choosing among these three, we cannot appeal to any supreme authority; for our best institutions of learning are divided in their preferences. In this state of disagreement, who shall decide which is best? Certainly not one man for another, but every man, if he can, for himself. All I ask is that he shall adopt *one* of these methods, and *uniformly* and *consistently* follow it. If he, in accordance with the Continental method, says *bronchē'-tis*, *tonsillē'-tis*, *metrē'-tis*, etc., he should also say *ow'-rum* for

au'-rum, *foi'-tus* for *foē'-tus*, *nī'-vus* for *næ'-vus*, *cī'-cum* for *cæ'-cum*, *ar'-conēte* and *ar'-pis* for *ac'-onite* and *a'-pis*. If one, discouraged with this outlook on the Continental system, leaves it for the Roman, he only "leaves the frying-pan for the fire;" for he finds there not only the unfamiliar sounds of the vowels and diphthongs to manage, but also those of the consonants. Instead of *sī'-cum* for *cæ'-cum*, it must be *kī'-cum*; instead of *soi'-liac* plexus for *cæ'-liac*, *koi'-liac*.

Thus you see the difficulty in attempting to conform to either of the latter methods. Some think that they better represent the enunciation of the ancient Romans, but it seems to me absurd to attempt to reproduce the exact vocal expression of a language which has been for 1,300 years defunct! Who knows anything certainly about it, or ever can? No one; for the world had then produced no Edison—no phonograph. Is it not, then, a sensible thing for us to reject as needless and bothersome all foreign ways of utterance, and always and everywhere hold to the good old English method? With a majority of the best English-speaking scholars in the world on our side, we ought not to be ashamed.

So much for methods. Now let us briefly consider some of the rules for pronunciation which are most frequently violated. Latin words contain as many syllables as there are separate vowels and diphthongs; like *di-as'-to-le*, *sys'-to-le*, *cō'-de-in*, *a-nēm'-o-ne*, etc. We have, however, several words ending in *cele*, a hernia. They all signify the protrusion of some part from its normal position, and have become so thoroughly Anglicized that the last two vowels are joined in one syllable, as *cys-to-cele*, *hydro-cele*, *hæm'-a-to-cele*, etc.

According to the English method, the consonants *c* and *g* are soft before *e*, *i*, *y*, *æ* and *æ*, and hard in all other situations. Hence we have *gyn-æ-cology* (*jin-e-col'-o-gy*), *ru'-gæ* (*rn'-jee*), *gin'-gly-mus* (*jin'-gly-mus*), *ge-nu* (*jē'-nu*), *gin'-gi-val* (*jin'-ji-val*), *gin-gi-vi'-tis* (*jin-jī-vi'-tis*), *ox-y-toc-ic* (*ox-y-tos-ic*), not *ox-y-tox-ic*; *fun-gi* (*fun'-ji*), and *coc'-ci* (*cok-si*), not *cokki*, as we usually hear.

Ch always takes its hard sound, like *k*, with the single exception of *colchicum*, which has become so hopelessly degenerated that the lexicographers have given it up in despair. Hence we should say *chelidonium* (kel-e-donium), *chenopodium*, *chimaph'-ila*, *chi'-na* (kee'-na), not *ch'-na*; *catechu*, *chalā'zion*, *chemosis*, *chiropr-dist*, etc.

Cm, *cn*, *ct*, *gm*, *gn*, *mn*, *tm*, *ps*, *phth* and *pt* occurring at the beginning of words are pronounced with the initial letter or diphthong silent; e. g., *cnicus* (nī'-cus), *ctenoid* (te-noid), *gmelina* (melina), *gnaphalium* (naphalium), *mnemonics* (nemonics), *psosas* (soas), *phthisis* (thī'-sis), *phthiri'-asis* (thiriasis), *pterygium* (ter'ygium), *ptomaine* (to-ma-ine), etc.

Words of two syllables are always accented on the first syllable. Hence we should say *rā'-phe*, not *ra-phē'*; *fac'-et*, not *fa-cēt'*.

Words of more than two syllables are accented on the syllable next the last if that is long in quantity, otherwise on the second from the last. This rule, if we remember it, will aid us very much, for we have several classes of words in each of which the penult is uniformly long, or short, according to the class, so that we have only to learn the correct pronunciation of one word in its group, and we have them all. Thus, diminutives ending in *olus*, *ola*, *olum*, *ulus*, *ula*, *ulum*, *culus*, *cula* or *culum*, always have the penult short in quantity, and so throw the accent back upon the antepenult; e. g., *alvē'-ola*, *arē'-ola*, *gladi'-olus*, *hordē'-olum*, *lutē'-olus*, *mallē'-olus*, *medē'-ola*, *modī'-olus*, *phasē'-olus*, *rosē'-ola*, *rubē'-ola*, *rupīc'-ola*, *rustīc'-olus*, *radi'-olus*, *saxīc'-ola*, *ūrcē'-olus*, *vari'-ola*, *vari'-olous*, *versīc'-olor*. So many diminutives have the penult in *o*, which should *never* be accented. It is needless for me to enumerate those ending in *ulus* and *culus*, like *fascic-ulus*, *funic-ulus*, etc., as they are seldom mispronounced.

Another group of words which are always short in the penult, and throw back the accent like the last, terminate with *asis*, denoting similarity or likeness to whatever precedes it. Under this head we have *distichi'-asis*, *hypocondri'-asis*, *elephantī'-asis*, *hystrici'-asis*, *kerati'-asis*, *lithi'-asis*, *helminthi'-asis*, *ophi'-asis*, *trichi'-*

asis, *scleri'-asis*, *pityri'-asis*, *psori'-asis*, etc. In this class of words we should be very careful to keep the accent on the antepenult.

A group of similar words end in *osis*, which denotes a process or action. In these the *o* is long, and therefore accented, like *amaurō'-sis*, *cyanō'-sis*, *pyrō'-sis*, *scoliō'-sis*, *zymō'-sis*, etc.

Another group end in *oma*, which signifies a tumor of some kind. These are pronounced like the foregoing: *fibrō'-ma*, *adenō'-ma*, *sarcō'-ma*, *epitheliō'-ma*, etc.

We have a class in which the suffix is from the Greek, signifying to examine, which are all accented on the antepenult; as *micrōs'-copy*, *laryngōs'-copy*, *ophthalmōs'-copy*, *rhinōs'-copy*, *endōs'-copy* and others.

There are about one hundred words signifying inflammation, which end in *itis*. If this Greek suffix is Latinized, as is habitually done, these words are accented squarely on the penult, which, according to the English system of pronouncing, should always be given the long sound of *i*, like *gastri'-tis*, *hepati'-tis*, *meningi'-tis*, etc. It is in this class of words that the followers of the Roman and Continental systems appear to best advantage. Indeed, many physicians who follow the English everywhere else, in pronouncing these words drop into the Continental.

Words which take the ending *rhaphy* (a seam) are accented on the antepenult; thus we have *elytrōr'-rhaphy*, *staphylōr'-rhāphy*, *trachelōr'-rhaphy*, *uraniscōr'-rhaphy*, *perinæōr'-rhaphy*, etc.

Words having the Greek prefix denoting single, should usually be spoken with the short sound of the first *o*: *mōn'-ad*, *mōn'-ocyst*, *mōn'-ograph*, *mōnomā'-nia*, *mōnolōc'-ular*, and others, rather than *mō'-nad*, *mō'-nocyst*, etc.

Most adjectives formed from nouns, whose accented syllables are long, retain the accent upon the same syllable, but shorten its vowel sound: e. g., *acē'-tas*, *acēt'-ic*; *adynā'-mia*, *adynām'-ic*; *anæ'-mia*, *anæm'-ic*; *atrō'-phia*, *atrōph'-ic*; *cadā'-ver*, *cadāv'-eric*; *diabē'-tes*, *diabēt'-ic*; *phagedæ'-na*, *phagedæn'-ic*; *systē'-ma*, *systēm'-ic*; *uræ'-mia*, *uræm'-ic*, etc. A few other adjectives, formed in a similar but not identical manner, take the short sound of their

accented syllable; like farād'-ic, phrēn'-ic, stāt'-ic, parēt'-ic, oxāl'-ic, orthopēd'-ic, pathogēn'-ic, parasit'-ic, splēn'-ic, etc.

The French element in our medical vocabulary is, to many of us, the most difficult. Happily, quite an appreciable part of it has been Anglicized; and I hope the time is not far distant when the same will be true of it all. We may read French never so well, but it is almost impossible for an American to pronounce it properly. Our Latin rules here do not help us. I will mention only a few of the most common words,—remarking that in the final *ng* the *g* is to be rather *thought* than actually pronounced: accoucheur (acōō-c-shūr), ballotement (bal-lot-mong), bougie (bōō-zhē), bruit (brwē, not brōō-it nor brōō-ie), charpie (shar-pee), ecraseur (ec-ra-zeur), enciente (ong-sānt), grand mal (grong mal), petit mal (p'tē'-mal), massage (mas-sazh), masseur (mas-seūr), serrefine (sair-fēēn, not Sarah Finn nor seraphim).

So far we have considered certain groups or classes of words which, it seems to me, have been most liable to suffer from that prevalent malady, *carelessness*. They show us how it acts in epidemics.

I intended to treat neither my subject nor hearers exhaustively, but fear I have failed in the latter. I hope no one will think that I consider myself an orthoepist, or less likely than others to err; for I humbly acknowledge that the grammars and dictionaries have furnished whatever of worth my paper contains, and if its suggestions are half as helpful to my hearers in the aggregate as its preparation has been to myself, I am glad. It was simply intended to point out the fact that our ordinary medical speech abounds with inconsistencies and defects, and to plead for its improvement. It appeals to us, votaries of the new and true system of medicine, to set this, like all our shortcomings, high. Let us not bring reproach upon ourselves, or our school, by allowing an opponent to find in our phraseology anything which is at variance with the best authorities; and in our zeal to increase in practical knowledge, and multiply our higher attainments, let us not forget this elementary one, which, according to the degree

of attention received, mars or embellishes all the rest.

Clinic at Helmuth House—Double Ovariectomy—Profuse Hemorrhage—Death the Third Day.

BY PROF. HELMUTH.

CASE of cystic tumor of both ovaries. Before operating Professor Helmuth spoke of the diagnosis of ovarian cysts. First from *ascites*. The main point is the location of the fluid in different positions of the patient's body. In the ovarian cyst, if the patient lies on the back, the dullness will be in front; in ascites, owing to the floating of the intestines the dullness will be behind and on the sides.

An encysted dropsy of the peritoneum cannot be diagnosed from an ovarian cyst except by exploratory incision and the microscopic appearance of the fluid. The presence of epithelia, Drysdale's corpuscles, cholestrine crystals, leucocytes, fat globules etc., will reveal the nature of the tumor. I may say here, that the granular bodies known as Drydales corpuscles may be found in other cystic growths in other parts of the body, but their presence in abdominal fluid, is a certain indication, to my mind, of ovarian cystomata. I know there has been bitter controversy over the actual existence of these corpuscles, and that they have supposed to be merely the nucleus of an epithelial cell in a state of fatty degeneration, and have been confounded with cells described by Lebert and Bennett, but the name makes no difference; if such bodies *are* found by a microscopist who knows them, the diagnosis is pretty certain. Aspiration before operation is not much used now owing to the danger of puncture, which is apt to produce peritonitis, or if the sac wall is thin and the contents very watery, the fluid may escape into the peritoneal cavity. It is better and safer to make an exploratory incision for the purpose of diagnosis.

The patient was sixty-two years old, and the tumor a very large one. The usual incision was

made down to the peritoneum, which was opened on a director. A sound was then introduced to break up the adhesions as much as possible. The trocar was then plunged in and the sac caught with a Wilcox's forceps. The sac was very thin and the fluid was of a brownish color. In drawing this cyst out another was opened which was dermoid in character, the contents looking, as Professor Helmuth remarked "like lobster salad." Still another cyst, a colloid this time, was opened. In fact, a subsequent examination of the mass removed showed nine main cysts and thirty-four lesser ones all attached to the same pedicle. The pedicle was ligated and the cysts removed. The right ovary was found to be cystic also and was removed.

The cavity was then irrigated, when it was found that there was free hemorrhage into the abdomen, it being nearly half full of blood. It was very difficult to find from whence the hemorrhage came. Some bleeding came from the omentum, where there had been extensive adhesions. A strong ligature was applied, and the part included in it cut off. This somewhat arrested the flow of blood. But the abdomen soon began to fill, the blood appearing to come from about the neck of the uterus, just above the supra vaginal junction. The uterus was drawn up, and a ligature applied which stopped the hemorrhage from this region, being probably from the uterine artery. But still the hemorrhage continued, the blood welling up in the cavity; an irrigation with hot water was used to wash out the clots, and the intestines were then carefully drawn out upon the abdominal wall and wrapped in hot flannels, so as to give more room in the cavity. At last the bleeding was found to originate in a branch of the superior mesenteric artery, which was torn in breaking up the adhesions. This was caught and ligated, the cavity again washed out and the wound closed, the pedicle of the right side being allowed to remain externally. A dressing of iodoform and bichloride gauze was applied and the patient put to bed.

Professor Helmuth said that in this case he could either do as he had done, and give the patient a chance for life by certainly arresting

the hemorrhage, or have closed the abdomen and trusted to rest, irrigation and styptics to stop it, which would, he thought, in such a case mean certain death. He remarked, moreover, that sometimes, after the most severe operations of this character, patients had recovered, although in this case the patient in all probability would die either from shock or from peritonitis. If the operation had not been performed, the sac on the left side would probably have soon ruptured from its extreme thinness, and might have caused death.

The patient recovered well from the shock of the operation, but died of peritonitis on the third day.

At the post-mortem, held six hours after death, the cavity of the abdomen was free from blood, the uterus was healthy below the ligature, the ligatures were in place, but the entire peritoneum was in a state of intense hyperæmia, with here and there a patch of inflammation, and in one or two places suppuration had begun and pus was accumulating.

A Case.

WITHOUT attempting any explanation I will relate to you an incident which is odd, to say the least:

A lady aged about thirty, who had been under my care for some time, came to me in the early part of October, with a condition calling for Hydrastis, which I prescribed, saturating No. 25 pellets with the sixth centesimal potency, and ordering three pellets three times daily.

Among other symptoms, she had had constipation, with mucus covered stools as an evidence of the catarrhal condition of the rectal mucous membranes. Often becoming very much constipated, she would, at such times, take old-fashioned doses for temporary relief, but it always required a large dose to act, and castor oil never would have much effect; her favorite being two "blue pills."

About a week after the above prescription she returned and informed me that I was doing too much for her bowels, as she had suffered with diarrhœa ever since she had taken the medicine

and felt compelled to stop using it a few days before, and now the diarrhoea was moderating. I was tempted to prescribe for the diarrhoea but, as the symptoms were disappearing, concluded to let well enough alone and continue with Hydrastis; so, pretending to change the medicine, I again handed her a bottle of the same. I was not looking for much effect in the bowels, but only considered the constipation as adding to my symptoms for prescription, and thought it might make a slight improvement there. It is needless to say, I had no thought of a relation between the diarrhoea and my prescription; and so was considerably surprised when, a few days later, my patient returned and with fire in her eyes, gave me to understand that she could not stand "that purging" which had returned as bad as ever. I prescribed a few powders of sac lac and upon her return the diarrhoea had ceased, as also had the symptoms for which Hydrastis was first brought to my notice. About a month later I again had occasion to prescribe Hydrastis and was much surprised to have the same result as before. There has been no occasion for its use since, but the lady having carefully marked it "constipation" has used it in place of her "blue pills" with, apparently, the happiest results, for she says "it's such a comfortable cathartic."

This patient is a lady of intelligence, and was prepared to answer quite fully all questions in regard to stool and its accompaniments, and I am, therefore, enabled to give you the particulars.

Stool—Sudden, very profuse, watery, pale yellow, very offensive and with much flatus.

Before stool—Painful, full feeling in rectum, with sudden violent urging to stool.

During stool—Could say nothing of this, as "it just seemed to be one sudden splash."

After stool—Complete relief, but felt weak.

Aggravation—Beginning about 6 or 7 A. M., would have three, four or five stools before noon, and one or two at longer intervals during afternoon.

When taking the single dose of her own accord to "open" the bowels, she takes it on retiring, and the following morning will have from

one to three rather profuse, watery, windy stools, preceded by slightly painful urging.

Cowperthwaite speaks of profuse light-colored acrid stools. Bell & Laird do not mention Hydrastis. This lady was positive that the stools were not acrid in her case.

It seems to me that the patient must be very susceptible to the action of Hydrastis, for I am inclined to think that the drug could produce just such symptoms, as when analyzed these symptoms are not very far separated, compared to those on mucous membranes elsewhere in the body. She has taken other drugs, higher, lower, and even tinctures, yet never showing any bad effects; and I have used Hydrastis with several people in all potencies to the thirtieth, but never heard of any such result as that reported.

The above symptoms could not have been due to any foreign substance in the medicine, because it was obtained from one of our best pharmacists; and further, had it been due to such, it would certainly have shown some effect in other cases. '88.

The Use of Peroxide of Hydrogen and Glycozone in Therapeutics.

BY CHAS. MARCHAND, E.C.P.

Chemist, Graduate from the "Ecole Centrale des Arts et Manufactures," Paris.

DIPHTHERIA.

DIPHTHERITIC Micrococci.—Buhl, Hüter and Oertel have demonstrated that, in diphtheria, the membranes contain micrococci. Oertel found these micrococci in large numbers; not only in the diphtheritic membranes of the organs of the throat and their surroundings, as well as the contiguous lymphatics, but also in the general circulation of the blood.

Micrococci are about 0.00035–0.001 millimetre in diameter, slightly oval and scattered, being generally found in the shape of short chains. They also form continuous masses of "zooglea," spherical or cylindrical in shape; and they thus penetrate, by destroying them,

the connecting and muscular tissues which surround them. In some cases they obstruct the capillaries of the glomerules and the urinary tubes of the kidneys.

Together with the micrococci, we find in the diphtheritic membranes bacteria shaped like a small stick ; but these are evidently accessories.

From what precedes, it is evident that diphtheria is nothing else than a microbic infection, which must be mastered in its incipency by using as a local application the most powerful antiseptics.

Chemically pure peroxide of hydrogen, which destroys micrococci with extraordinary rapidity, gives the most satisfactory results. [See the *New York Medical Record*, August 13, 1887—"Dioxide of Hydrogen," by Dr. J. Mount Bleyer ; *New York Medical Record*, October, 1888—"Some Clinical Notes of Diphtheria and the Treatment by Peroxide of Hydrogen," by Dr. G. B. Hope.]

Then, whenever a physician is called upon to treat a well pronounced case of diphtheria, he should at once administer diluted peroxide of hydrogen as frequently as possible, in the form of gargles, or, better still, by copious irrigations of the nose, throat, larynx and pharynx.

Diphtheritic membranes which develop in the morbid centre are so destroyed as fast as they are reproduced. All these membranes disappear almost instantaneously as soon as they come into contact with peroxide of hydrogen. But it might accidentally happen that portions of them be carried into the stomach or in the larynx, which would cause a derangement, the consequences of which might be most serious from the fact that their action would evade the physician's control. Then it is necessary to have recourse to an internal as well as the local antiseptic treatment.

To do this, instead of resorting to more or less dangerous antiseptics, such as bichloride of mercury, sulphide of calcium, iodoform or other similar toxicants, experience has proved that glycozone in one-half or one teaspoonful doses, in a glass of tepid water, administered every two hours, will prevent all complications, without the least danger of poisoning, or with-

out even producing the slightest irritation of the mucous membranes of the stomach.

The irrigations are made after the method of Dr. J. Mount Bleyer, of New York, by taking a soft rubber catheter and attaching it to a fountain syringe, and thus apply it from one nostril to the other. The pharynx and larynx are irrigated every two hours.

Any similar apparatus constructed entirely of glass or vulcanized rubber may be used. All metals except gold, silver, platinum and pure tin producing a more or less deleterious effect on peroxide of hydrogen, physicians must never lose sight of this recommendation if they do not wish to expose themselves to exceedingly grave deceptions.

Irrigations or gargles require the use of Chas. Marchand's peroxide of hydrogen, 15 vol. C. P. medicinal, diluted in proportions which vary according to the gravity of the disease : 2 to 3 ozs. peroxide of hydrogen, 15 vol. C. P., with enough distilled or boiled water to make a pint.

If, by reason of a too copious or too violent irrigation, the patient should swallow all or part of the liquid, it need cause no apprehension. The sensation would be more or less disagreeable, and he might even feel nausea once or twice ; but no fear of poisoning or of any irritation to the mucous membrane need be entertained.

In fact, the nascent oxygen or ozone, which would then escape with exceeding rapidity by immediate contact with the mucous membranes of the stomach, always produces a slight pricking sensation, which does not last more than two or three minutes when the peroxide of hydrogen is diluted as above indicated.

It is unnecessary to state that in some cases, in order to overcome stenosis and increase the chances of a cure, it would be prudent to resort to intubation. The operation invented by Dr. Joseph O'Dwyer, and which has already been described in many of the medical journals, by Dr. J. Mount Bleyer, Dr. Waxham, Dr. Dillon Brown and others, does not exclude the above treatment.

In closing this subject of the treatment of

diphtheria, I will take the liberty of saying that personal experiments authorize me to affirm that all the antiseptics recommended or used in the treatment of this terrible disease, even in small doses, are in varying degrees almost as dangerous, owing to their corrosive and toxic properties, as the disease itself.

For instance, cauterization with nitrate of silver very seldom assists in the cure, and it has been frequently noticed that it even renders it absolutely impossible; because it destroys not only the microbic centre, but also the surrounding healthy tissues which have not yet been invaded by the micrococci. As to bichloride of mercury, toxicologists know that it frequently causes poisoning by absorption. So every one knows, or ought to know, that the absorbing power of the mucous membrane varies according to the temperament or the state of weakness of the patient; from which it follows that, in a large number of cases, the most skillful and careful physician would be absolutely powerless to control the action of such a poison.

Then is it unquestionable that if the physicians who have praised this mode of treatment of diphtheria, with a solution of bichloride of mercury, had had the precaution not to recommend it as the one which would always give the best results, they would have rendered a great service to the medical profession; and more particularly to the unfortunate patients, who, being subjected to this treatment, are liable to die, not of diphtheria, but of incidental poisoning.

The bichloride of mercury treatment certainly kills more diphtheritic patients than it can cure; albeit the destruction of diphtheritic micrococci with bichloride of mercury is unquestionable, and almost as rapid as its destruction with peroxide of hydrogen.

Consequently, if theoretically the use of bichloride of mercury in the treatment of diphtheria is most logical, it must nevertheless be abandoned practically, inasmuch as its antiseptic properties are accompanied by corrosive and toxic properties which render its use as fatal as the disease itself.

Per contra, Ch. Marchand's peroxide of hy-

drogen C. P., which possesses the same antiseptic properties as bichloride of mercury, is neither corrosive nor toxic. Its use consequently precluding all danger of poisoning, the chances of a cure are considerably increased.

I will say even more. Taking into consideration the antiseptic and harmless properties of peroxide of hydrogen, the physician who uses it need not fear danger of poisoning by absorption, nor need he trouble himself about the quantity, be it great or small, of the liquid which might accidentally find its way into the stomach. This consideration, then, permits him the use, or even the abuse, of irrigation or gargles which would insure the complete and immediate destruction of the diphtheritic membranes.

Consequently, peroxide of hydrogen will prevent at all times the development and reproduction of these infectious membranes; and it is obvious that all that will be necessary to obtain a prompt cure is a vigilant surveillance.

10 W. 4th st., New York City.

Notice of the Photographic Committee.

THE '89 Photograph Committee wish to make the following announcement: The class photographs will be taken by Pach Brothers, 841 Broadway, near Thirteenth street. The pictures will cost \$3.00 per dozen, extra ones twenty-five cents each. Sittings can be made at any time, and the Committee urge upon the members of the class the necessity of doing so as soon as possible. Each man is requested to take at least one dozen pictures, these to be for private use. The exchanges will be made as follows: Each member of the class will be provided by Pach Brothers with a printed list containing the names of the members of the class and the members of the Faculty; on this list he will note the names of those men of whom he wishes a separate picture, and the photographers will furnish the same for twenty-five cents each. Pach Brothers will make a group-picture of the Faculty when the four

members who have not already done so have had a sitting. The time for taking the class group will be announced later.

Odds and Ends of Materia Medica.

TARANTULA CUBENSIS.—A wider knowledge of the power of this drug in carbuncles is necessary. The profession at large, it is believed, does not seem to realize the beneficent effect of *Tarantula Cubensis* in these painful and serious maladies. Those who have used it in the worst type of carbuncle report that they have yet to see a case where it failed to produce good results, while often its effect seems fairly magical. In less than twenty-four hours, according to trustworthy reports, the carbuncle softens, its appearance is less malignant, its size diminishes, its pain lessens and numerous points of suppuration appear. Under the early and constant administration of *Tarantula Cub.*, the suffering is so slight, comparatively, and the course so rapid, that patients who have once tried it are loud in its praise.

A case in point.—A patient came to Dr. H.—suffering from a large carbuncle on the posterior surface of her thigh. It was as large, says the doctor, as a small sized saucer, very hard, dark purplish and angry in appearance, and so painful that the patient could hardly walk and was wholly unable to sit down. The doctor ordered *Tarantula* 3d every half-hour until the pain was ameliorated, when it was to be taken at longer intervals as she grew better. The next day the patient returned, reporting that in two hours after the first dose the pain was greatly relieved, the carbuncle had softened and diminished in size, and soon began to discharge so profusely as to soak through thick cotton dressing. On removing the dressing her statement was verified in every particular. She made a rapid and complete recovery, and ever since has had the utmost respect for, and confidence in, Dr. H.'s "Carbuncle Cure."

Another drug that is little known, but has a large sphere of usefulness in old chronic nasopharyngeal catarrhs is *Elaps*. It is indicated in those distressing and intractable cases, in which

large, offensive bloody crusts form in the nostrils, and are discharged through the anterior or more commonly the posterior nares. There may be also dull constant headaches, obstructed nostrils, very dry mucous membrane, difficult hearing and even annoying neuralgia. Elaps in such cases, according to those who have given it many trials, has a remarkably beneficial effect.

Mullein Oil.—This is a new drug, only lately brought to the notice of the profession by Bœricke & Tafel. Enough provings have not yet been made to develop its whole symptomatology, but evidently its chief sphere of action is in urinary troubles, especially enuresis, to which it is truly homœopathic. The history of the drug is largely clinical so far, but enough is known to prove it a most valuable remedy for that trying affection of young children, especially girls, so difficult to cure, namely, *nocturnal enuresis*. Special indications cannot be given, but the clinical history of the drug seems to show that it meets the worst and most obstinate cases of this trouble, where other remedies have completely failed. Professor Moffat reports several cases where he had tried the common remedies: *Bell.*, *Hyos.*, *Sepia*, *Caust.*, *Puls.* and *Sulph.*, without success, but in which *Mullein* oil wrought a prompt cure or else benefited the condition markedly.*

Diphtheria.

AS to what is meant by the term diphtheria, there are nearly as many ideas as there are doctors. Various definitions are given us in our different text-books, and we are at liberty to choose that one conforming to our own ideas, or finding none, to make one for ourselves. That it is purely a systemic disease, with particular local manifestations, no one can doubt. What these local manifestations are, you all know full well, and it is needless for me to enter into them, and yet, it is to these that your special attention is directed, for only by a proper understanding of the same are we able to differentiate

* As there is a bogus preparation bearing the name of *Mullein Oil*, practitioners are advised to procure the preparation of Bœricke & Tafel.

between a *true* diphtheria and such diseases as acute follicular ulceration of the tonsils, croup, scarlatinal sore throat, pharyngitis with abundant secretion, and other catarrhal conditions of the pharynx.

The faithful and conscientious physician cannot but lament the fact, so common among their brother physicians, of designating every simple case of acute sore throat as diphtheria, and then boasting of their success in the treatment of, what to most of us is so dreaded a disease. Not long since a prominent physician in one of our eastern cities, being called in consultation of a pronounced case of diphtheria, which, to the attending physician seemed likely to prove fatal, and in reality did, told the parents, in order to raise their hopes, I suppose that he had treated over six hundred cases of diphtheria, many of the most malignant type, and never yet had lost a case. Such effrontery is intolerable, but this fact serves to show conclusively the reason for the reputation some of our profession so little deserve.

As to the etiology and symptomatology you have but to refer to your text-books for all necessary data. The complications, also, are many and various, and will require your careful attention and still more careful treatment.

No case of diphtheria is to be regarded without anxiety, and we must be prompt in our treatment. The two greatest desiderata are, first, rest, and by this we mean *absolute rest*, the patient not being allowed to make the slightest exertion, and to be kept in bed; and second, stimulation, and this should be commenced early and continued till all untoward symptoms have entirely abated.

The gargle should *never* be used, from the very fact that its use is necessarily attended with more or less muscular exertion, the first thing to be avoided. To remove the membrane, use a spray of the peroxide of hydrogen, H_2O_2 , in a mild solution, which has, as you have frequently been told, the power of destroying these morbid accumulations, leaving the healthy tissue intact and promoting a healthy granulation. The removal of this membrane is an important feature of our local treatment, for its prompt removal

renders the breathing much easier, and thereby tends to help secure that rest which, in our opinion, is of prime importance. Next to hydrogen peroxide spray comes the bichloride of mercury, never stronger than 1 to 2,000, and even then its use is attended with danger.

After our local and hygienic treatment we have recourse to our remedies, and here we are to be guided by the symptoms as they arise. No *one* remedy is to be regarded as a cure-all, for we must bear in mind that there are no two persons just alike, and neither are there any two cases of diphtheria which will run precisely the same course. There is no doubt, however, but what, with the carefully selected homœopathic remedy and the necessary auxiliary treatment, we can bring the mortality of this disease to a much lower percentage than the present, and prove to our brothers of the so-called *old school* that in our *similia similibus curantur* we have a means of cure which would well repay their most earnest attention, and cause them to look with admiration upon our first standard-bearer, Samuel Hahnemann.

Societies.

Hahnemannian Society.

MEETING called to order January 9, 1889, with President Tuttle in the chair.

Roll call and reading of the minutes of the previous meeting.

Piano solo by Winters, '90.

Recitation by Curran, '89.

Song by the Glee Club.

Paper on Hahnemann's Theory of Chronic diseases by W. J. Flint, '90.

Mr. Flint's paper discussed by members.

Duet by Low, '89, and Martin, '90.

Recitation by M. M. Smith, '90.

Treasurer's report read and accepted.

Report of Committee on Professor Helmuth's Sunday Lecture.

Moved to give the above committee full power of arrangements.

Moved to continue Committee of Diplomas as appointed last year, and accept their report.

Moved to empower Committee of Arrangements to engage Association Hall for April 17th, for the Society Commencement.

Moved that in the election of Senior Quiz Masters, a plurality elect to the Chair of Laryngology.

Opdyke's resignation of chair of Diseases of Kidney accepted.

Quiz Masters, elected, class of '89,—

Low.....Laryngology.

Mitchell.....Diseases of Kidney.

Other incumbents re-elected.

Classes of '90 and '91 re-elected Quiz Masters in a body.

Duet,—violin by Lightfoot, '91, and piano by Baker, '90.

Paper on "Electricity in Medicine" by W. S. Mills, '89.

Informal reading of minutes and roll call.

Piano solo by Baker, '90.

Adjournment.

GEORGE DEW. HALLETT,

Secretary.

The Homœopathic Medical Society.

AT the thirty-second annual meeting of the Homœopathic Medical Society of the County of Kings, held Tuesday evening, January 8, 1889, at No. 44 Court street, the following officers were elected for the ensuing year:

R. K. Valentine, M.D.	President.
Edward Chapin, M.D.	Vice-President.
H. D. Schenck, M.D.	Secretary.
Alton G. Warner, M.D.	Treasurer.
E. Hasbrouck, M.D.	Necrologist.
E. W. Avery, M.D.	Censors.
Hugh M. Smith, M.D.	
H. M. Lewis, M.D.	
C. L. Bonnell, M.D.	
E. Hasbrouck, M.D.	

Correspondence.

The Institute Session of 1889.

To the Editor of THE CHIRONIAN:

AS a further announcement respecting the Institute Session of 1889, I have to report as follows:—

The Bureau of Surgery has received assurance of aid from a number of our distinguished surgeons, and will present a series of papers on "Surgery of the Brain," including Cerebral Localization, Symptoms of Cerebral Tumor—its Diagnosis and Treatment; Abscess; Gunshot Wounds; Tumors of the Dura Mater; Compound and Depressed Fractures; Epilepsy from Fractures, and Indications for Trephining.

The Bureau of Pædology has promise of active aid from several co-workers in that department, and is encouraged with prospects of a good report on Preventive Medicine in Pædology.

The Bureau of Obstetrics is engaged on a Report which will embrace nine papers relating to "Puerperal Complications." All these papers are to be the work of well-known obstetricians.

Encouraging reports are to be received from individual members of the Bureaus of Clinical Medicine, Sanitary Science, Ophthalmology and Gynæcology.

The Committee on Medical Education will present a careful Report, embodying the views and suggestions of its various members. There will be no separate papers.

Notice is also given that as the chairman of the Committee on Pharmacy has resigned—involving also his withdrawal from the Committee on Organization of Provers' Clubs,—the President has appointed as chairmen of these committees, Drs. T. F. Allen, of New York, on the former, and C. Hesselhoeft, of Boston, on the latter. Those having business with these committees should note the change.

PEMBERTON DUDLEY,

General Secretary.

Homœopathy Again Vindicated.

THE Westborough, Mass., Insane Hospital has been open for two years and under homœopathic management. Dr. W. Emmons Paine is the superintendent. A writer in the *Springfield Republican* devotes over a column to showing the good work done in this hospital; he finds the cost of maintenance is much less and the recoveries and general success greater

than in allopathic asylums. To the homœopathic system of treatment, and to the diminished use of drugs for sedatives and stimulants, must be ascribed any real increase in the number of recoveries under this system.—*Homœopathic Physician.*

Points From Lectures.

IT is not best to be too busy.

NOTHING is finished which can be improved upon.

WALKING on the City pavement is not good exercise for any one.

IN questioning a patient begin at the head and get every symptom right through to the feet. Treat the *symptoms* and not the *name* of a disease.

THE fact that *many* kinds of apparatus are invented for the cure of a disease or a fracture, is proof positive that the condition to be treated is difficult to cure.

College Notes.

WARD, '87, is the father of a boy.

JONES, '88, has been presented with a daughter.

F. H. MONROE, '86, has removed to Meriden, Connecticut.

S. D. McINTOSH, '88, has located at Poughkeepsie, New York.

PROFESSOR SMITH devotes his whole hour on Thursday to a quiz.

B. L. HOUGHTON, '81, is located at 169 New York Avenue, Brooklyn.

THE Medical Chemistry this year is mostly from Tyson—so say the Juniors.

THE Senior Class have chosen C. B. Flint, '90, for the Hahnemannian "send off."

O. D. KINGSLEY, '74, of White Plains, visited Professor Helmuth's clinic a short time ago.

A PARTY of eight Seniors visited the Insane Asylum at Middletown, Saturday, February 2d.

WHO is that Middleman that so chronically *Keeps* away from lectures? Has he *Decamp*-ed?

PROFESSOR OF MATERIA MEDICA: "What is the drug for misplaced confidence?"

Senior: "Aloes."

THE Photographic Committee wish to again call the attention of the graduating class to their notice in another column.

PROFESSOR OF SURGERY: "What tissue do the carcinomata arise from?"

Senior: "The hypodermic membrane."

A. W. WAKELEY, '88, formerly business manager of THE CHIRONIAN, has opened an office at No. 82 East Genesee Street, Auburn, N. Y.

"SAMMY'S" latest problem: How does our professor of Materia Medica manage to quiz a half of an hour and yet give us a whole hour's lecture?

PROFESSOR MOFFAT: Mr. L——, will you give me the diarrhœa of sulphur?

Mr. L——: "Constipation——"

P. S.—The sentence was never finished.

THE date of the next meeting of the "American Institute of Homœopathy," omitted in the notice of the last issue of THE CHIRONIAN, is from Monday evening, June 24th, until Friday evening, June 28th.

PROFESSOR OF PHYSICAL DIAGNOSIS: "What sort of breathing is heard in the large bronchi?"

Wh——y: "Tubercular."

Professor: "Next."

O——k: "Vocal fremitus."

PROFESSOR OF PHYSICAL DIAGNOSIS: "How many kinds of percussion are there?"

D—l—y: "There are two kinds of percussion, mediate and immediate. Mediate is where you place your ear to the chest or use a stethoscope."

WE wish to inform certain members of '90, that according to the regular schedule there is to be no examination in poker at the end of this year; thus allowing them to put more time on the less important subjects—anatomy, pathology, etc.

AN error was made in the issue of December 15th, in the report of the Executive Committee

of the "New York Society for Medico-Scientific Investigation." The committee are S. H. Vehslage, '79; W. W. Blackman, '77, and J. B. Garrison, '82.

WE earnestly hope the Freshmen will "make haste slowly" in trying to inaugurate reforms, such as was attempted at a recent meeting of that class, but which, happily, was prevented by cooler heads than those who originated the bright (?) idea.

WHEN a certain member of the Faculty was presented by the Middle Class with a brand new cuspidor, he made the following extemporaneous speech: "He who would *expect to rate* high in my estimation must not *expectorate* on the floor?" Was it original?

OVER the entrance to the male wards of the Homœopathic Insane Asylum at Middletown, where it can be read by the attendants or visitors entering the door, appears the following painted in large letters: "PUT YOURSELF IN HIS PLACE."

SCHELL, '89, has been obliged to leave college for the present on account of sickness. The class hopes for his speedy recovery and that he may return in time to graduate with it. Eighty-nine cannot afford to lose one of its best men on account of illness.

FRANK, our worthy "sexton," has a large and increasing amount of muscular energy on hand just at present, and would like to become personally acquainted with the youth who persists in turning the professor's glass of water upside down after each lecture.

THE members of Professor Blackman's anatomy class wish to tender him their thanks, through the columns of THE CHIRONIAN, for his earnest and untiring endeavors to make them understand the dryest of all subjects—Osteology—commonly called "Bones," by devoting one evening a week to an informal quiz.

PROFESSOR DOWLING, SR., gave his first evening clinic on February 1st. He had three very interesting cases, which each student present examined thoroughly. Professor Dowling, Jr., assisted his father in explaining the cases and

answering questions. These clinics will be held every Thursady evening, in the Dispensary.

THERE has been placed on the shelves of the library a copy of "The Declaration of Independence and the Constitution of the United States, in German, French and English." The book is the gift of A. H. Laidlaw, Jr., formerly a member of '89. The French and German translations were made by Mr. A. H. Laidlaw, Jr., and Mr. Geo. F. Laidlaw, '89.

PROFESSOR ARCULARIUS has finished his course of lectures on skin diseases. The course was very instructive and was made entertaining, as well, by many stories, jokes and accounts of cases from the Professor's private practice. THE CHIRONIAN can testify to the appreciation, by the class, of Professor Arcularius's efforts to make the course a pleasant and profitable one.

THERE are two members of the poker party who, from diligent reading of the *Sporting World*, the *Police Gazette*, and other professional papers, have become imbued with the idea that they are disciples of the so-called "manly art." They have, therefore, signed articles of agreement, put up their money, and are to fight within two weeks. THE CHIRONIAN hopes that the novelty will prove so attractive to the poker party that they will fight until unable to play poker or fight longer, and thus break up a gang that is no ornament to the College.

THE annual report of the State Homœopathic Asylum for the Insane, at Middletown, N. Y., presents a good showing of the results of the work of Dr. Selden H. Talcott, the superintendent, and his assistants, Drs. Williamson and Kinney. The number of cases treated was 672, of which 46.94 per cent. were discharged as cured. This is a remarkable percentage, exceeding that of any similar institution in the country. The hospital is beautifully located on rising ground, in the best part of Orange County. The grounds are ample, and the patients are given plenty of exercise. The death rate for 1888 was only 5.35 per cent.—*N. Y. Evening Telegram*.